

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/762145**

FILING DATE: **08/20/2014**  
(783) 305-0421

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	/					
20	/					
21		1				
22	/					
23	/					
24		1				
25		1				
26		1				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.		30				
TOTAL CLAIMS	35					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS